FRANKLIN COUNTY CHILDREN SERVICES - EMERGENCY MEDICAL SCREENING FORM

X – In Blocks Provided

*** Worker Will Complete Sections 1 - 8

1) Child's Name ☐ Male ☐ Female	2) D.O.B./Age	3) Grade / School ☐N/A	4) SACWIS #
5) Mother's Name	6) Caseworker	7) C.W. Concerns: ☐ Injuries ☐ Neglect ☐ Other	

8) IS CHILD TAKING ANY MEDICATIONS CURRENTLY? ☐ Yes ☐ No ☐ Unknown If Yes, Where Is The Medication Now?

NURSE'S COMMUNICABLE DISEASE REPORT, HISTORY, AND PHYSICAL EXAM

Date	Time ☐AM ☐PM	HT	WT	HC(↓2 yrs)	Temp. ☐Ear ☐Ax	Pulse	Resp	B/P (↑ 3 yrs)	Informant: ☐Child ☐CW Other:

ALLERGIES : ☐Drug ☐ Food ☐Other Reaction ☐ Unknown ☐ Denies

9) HISTORY : Current Health Problems, Chronic / Major Illnesses i.e... Asthma / Heart Problems, Major Surgeries, Medical / Psychiatric Hospital Stays, Pregnancies / Deliveries, Mental Health / Behavior Problems, Developmental Delays, Birth History / Immunizations (If Applicable) _____

☐ Denies Pertinent Hx. ☐ Unknown

10) SOCIAL HISTORY: Type Quantity

☐ Y ☐ N Cigarette / Tobacco Use_____

☐ Y ☐ N Street Drug Use_____

☐ Y ☐ N Alcohol Use_____

☐ N/A ☐ Unknown

LMP_____

Sexually Active? ☐ Y ☐ N At what age? _____

Birth Control? ☐ Y ☐ N Type_____

Current Symptoms of STD'S? ☐Y ☐ N _____

☐ N/A ☐ Unknown

11) EXPOSURES WITHIN PAST 2 WEEKS: ☐ Unknown ☐ Denies

☐ a. Strep Throat ☐ c. Scabies/Ringworm ☐ e. STD'S ☐ h. Head Lice

☐ b. Childhood Diseases ☐ d. Mononucleosis ☐ f. TB ☐ i. Other_____

☐ g. Hepatitis Comments:

12) CHILD'S COMPLAINTS:

☐ a. Sore Throat ☐ c. Cough ☐ e. Vomiting ☐ g. Temp. ↑100° ☐ i. Itching ☐ k. New Injuries/Bruises

☐ b. Stuffy Nose ☐ d. Earache ☐ f. Diarrhea ☐ h. Rash ☐ j. Headache ☐ l. Other_____

Comments: ☐ Denies

13) PHYSICAL EXAMINATION: X – IF ABNORMAL, Followed By Comments

☐ a. Skin ☐ d. Ears ☐ g. Neck/Lymph ☐ j. Breasts / Chest ☐ m. Rectal ☐ N/A ☐ p. General Appearance

☐ b. Head ☐ e. Nose ☐ h. Respiratory ☐ k. Abdomen ☐ n. Musculoskeletal ☐ q. Nutritional Status

☐ c. Eyes ☐ f. Mouth/Throat ☐ i. Heart ☐ l. Genitourinary ☐ N/A ☐ o. Neurological / Mental Status

Comments: _____

☐ No Abnormal Findings

14) CURRENT MEDICATIONS: Include: Name Of Medication, Dose, Administration Schedule, Date / Time Last Taken / Purpose

☐ None ☐ Unknown

DESCRIPTION OF ABNORMAL SKIN FINDINGS / INJURIES

15) The Nurse Will Need To Visualize Head / Chest / Back / Arms / Lower Legs *** (*Nurse Will also Examine Thighs And Buttocks If Child Is 1-8 Years Old. / OR If Older Child Has History Of New Injuries.* If Present, Describe: Location, Size, Type, Color And General Shape Of Lesions/Injuries. Note Tattoos/Piercings

****Include Child's Explanation Of Injury If Offered*

☐ No Abnormal Skin Findings

☐ Child Over 8 Denies History of Newer Injuries (Thighs & Buttock):

☐ Child Has Old Scars/Scratches Which Are Insignificant At Present On: _____

☐ See Abuse Screening Chart If Over 5 New Injuries / Significant Bruises

RECOMMENDATIONS

***CASEWORKER IS RESPONSIBLE FOR PROVIDING MEDICATION FROM SECTION #14 TO CAREGIVER WITHIN 24 HOURS*

☐ NO CONCERNS IDENTIFIED ☐ CHILD NEEDS MEDICATIONS: _____

☐ MINOR CONCERNS IDENTIFIED: ☐Call Physician If Changes In Health Status *OR* ☐Have Child Seen By Physician Within ____Days

☐ VISIBLE SIGNS / SYMPTOMS OF TRAUMA / ILLNESS REQUIRING IMMEDIATE - MEDICAL ATTENTION AT CHILDREN'S HOSPITAL

☐ ADVICE / TREATMENTS / COMMENTS: _____

Lice / Nits Present Upon Exam? ☐ Y ☐ N NURSES SIGNATURE: _____

DISTRIBUTION: White Original-FCCS Nurse. Yellow-Caretaker, Pink-Caseworker, Copy To On-Call Nurse Make 2 Copies Of Abuse Screening Chart If Used

Caregiver Must Take FCCS Consent Form (P-3) With Them When Obtaining Medical Care

Med - 50 (9/04; Rev. 8/05)